FORM 1B – DMHAS Youth Leadership Grant

WHEREAS, the Governor's Council on Alcoholism and Drug Abuse (GCADA) established the Municipal Alliances for the Prevention of Alcoholism and Drug Abuse in 1989 to educate and engage residents, local government and law enforcement officials, schools, nonprofit organizations, the faith community, parents, youth and other allies in efforts to prevent alcoholism and drug abuse in communities throughout New Jersey. In coordination with GCADA, the New Jersey Department of Human Services/Division on Mental Health and Addiction Services (DMHAS) has awarded a Youth Leadership Grant to the GCADA Municipal Alliance Program.

WHEREAS, The Township Council of the **Township of Middletown**, County of Monmouth, State of New Jersey recognizes that the abuse of alcohol and drugs is a serious problem in our society amongst persons of all ages; and therefore has an established Municipal Alliance Committee; and,

WHEREAS, the Township Council further recognizes that it is incumbent upon not only public officials but upon the entire community to take action to prevent such abuses in our community; and,

WHEREAS, the Township Council has applied for funding to the Governor's Council on Alcoholism and Drug Abuse through the County of Monmouth;

NOW, THEREFORE, BE IT RESOLVED by the Township of Middletown, County of Monmouth, State of New Jersey hereby recognizes the following:

1. The Middletown Town Council does hereby authorize submission of an application for DMHAS Grant funding for the Middletown Municipal Alliance for Grant Term 9/1/23 – 9/30/25 in the amount of:
   DMHAS Grant Funding $ 11,742.25
2. The Township Council acknowledges the terms and conditions for administering the Municipal Alliance grant, including the administrative compliance and audit requirements.

APPROVED: _____
Mayor

CERTIFICATION

I, Municipal Clerk/Administrator of the Township of Middletown, County of Monmouth, State of New Jersey, do hereby certify the foregoing to be a true and exact copy of a resolution duly authorized by the Township Council on this

_____ (day) of _____ (month), _____ (year) .

_____
Municipal Clerk/Administrator